

AS PER THE BUILDING INSPECTOR:

ALL ITEMS REQUIRED FOR
PERMIT PROCESS

MUST BE INCLUDED OR
APPLICATION

WILL NOT BE
ACCEPTED

(no exceptions)

ANY QUESTIONS PLEASE CALL THE
BUILDING INSPECTOR @ (845) 831-7800
ext 3321.

BUILDING PERMIT APPLICATION

Application/Permit #

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TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local law and all other appropriate rules and regulations shall apply. The permit does not constitute authority to perform work in violation of any federal, state or local laws.

APPLICANT:

ADDRESS: _____ PHONE: _____

OWNER: _____

ADDRESS: _____ PHONE: _____

BUILDER: _____

ADDRESS: _____ PHONE: _____

BUILDING SITE LOCATION: _____

(Road: Town, County, State or Private)

TAX GRID NUMBER: #06

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PROJECT:

(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Construction of New Building | <input type="checkbox"/> Pool - Above Ground: size _____ |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Pool - In-Ground: size _____ |
| <input type="checkbox"/> Factory Manufactured Home | <input type="checkbox"/> Garage, Attached |
| <input type="checkbox"/> Conversion - Change in Use/Occupancy | <input type="checkbox"/> Garage, Detached |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Noncommercial Storage Building (shed) |
| <input type="checkbox"/> Addition to Existing Building | <input type="checkbox"/> Deck/Porch |
| <input type="checkbox"/> Repair to Existing Structure | <input type="checkbox"/> Solid Fuel Heating Device (woodstove, pellet stove, fireplace) |
| <input type="checkbox"/> Installation/Replacement of Equipment and Systems | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Installation/Extension of Electrical Systems | <input type="checkbox"/> Other: _____ |

Size of Structure (dimensions): _____ Square Footage: _____

Height: _____ Number of Stories: _____ Number of Dwelling Units: _____

No. of Bedrooms: _____ No. of Bathrooms: _____ Finished Basement? _____

ZONING DISTRICT: _____ Fire District: _____

Proposed Setback Minimums:

Distance of structure from... Front Line: _____ Rear Line: _____ Left Side: _____ Right Side: _____

Road Frontage (feet): _____ Lot Area (acres): _____

- | | |
|---|--|
| <input type="checkbox"/> Planning Approval - Site Plan, Special Use, etc. | <input type="checkbox"/> SAN 34 Form - Dept. of Health Approval |
| <input type="checkbox"/> Town Variance (attach ZBA resolution) | <input type="checkbox"/> Manufactured Home: Stamped and Signed Plans |
| <input type="checkbox"/> State Variance (attach Board of Review resolution) | <input type="checkbox"/> Trusses: Stamped and Signed Plans |
| <input type="checkbox"/> Driveway Permit - Town, County, State DOT | <input type="checkbox"/> Energy Code Compliance Sheet |
| <input type="checkbox"/> Water/Sewer District Approvals | <input type="checkbox"/> Electrical Inspection Agency: Application Filed |
| <input type="checkbox"/> Wetland | <input type="checkbox"/> Attached Plot Plan or Survey |
| <input type="checkbox"/> Flood Plain | <input type="checkbox"/> INSURANCE / WORKERS COMPENSATION |

ESTIMATED COST OF PROJECT: _____

Zoning Dept. Use:	Bldg. Dept. Use:
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☐ FEE: Deposit: _____ Balance: _____ Total: _____

The undersigned applicant is responsible to notify the Town and hereby consents by the execution of this application to all necessary inspections to be made by the Building and Zoning Department of the Town of Fishkill. It is the responsibility of the applicant and design professional to contact the Building Department and supervise, certify all work changed from the original plans to be appropriately recorded and approved. It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

All inspections are listed on Building Permit.

All applications MUST be complete before review by an Inspector.

MINIMUM 72 HOURS FOR PERMIT TO BE ISSUED

Signature (Owner, Builder, Agent)

Date

Demolition Permit

Town of Fishkill, N.Y.

Permit# _____ Grid# _____ Zone _____

Demolition Site _____

Owner of Land/Bldg. _____

Owner Address _____ Phone # _____

Demolition Co. _____

Demolition Co. Address _____ Phone # _____

Demolition Co. Insurance _____

Estimated Date of Completion _____ Material Disposition _____

No. of Stories _____ Demolition by Fire yes _____ no _____

Building Permit# of applicable _____ Date of Building Permit _____

Gas/Oil disconnect date _____

Electric disconnect date _____

Sanitary disconnect date _____

Received _____ 19____

File Date _____ 19____

Building Inspector, Town of Fishkill, N.Y.

DEMOLITION INFORMATION

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

Application/Permit #

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DEMOLITION WORK

COMPANY: _____

ADDRESS: _____

PHONE: _____

MATERIAL DEPOSITION

HAULER: _____

ADDRESS: _____

PHONE: _____

UTILITY DISCONNECTIONS

Utility:

Currently Exists:

Date of Disconnection:

GAS / OIL

☐ Yes ☐ No

ELECTRIC

☐ Yes ☐ No

WATER

☐ Yes ☐ No

SEWER

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

NOTES:

Signature (Owner, Builder, Agent)

Date

WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

For Workers Compensation

C-105.2

U-26.3

SI-12

GSI-105.2

For Disability

DB-120.1

DB-155

ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of _____,</i></p> <p><i>(County Clerk or Notary Public)</i></p>

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors – Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ♦ insured (C-105.2 or U-26.3),
- ♦ a Board-approved self-insured employer (SI-12), or
- ♦ are exempt (WC/DB-100),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file Form BP-1.

- ♦ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ♦ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" Form BP-1, but shall either:
 - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (Form C-105.2 or Form U-26.3), OR
 - ◇ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit, provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

ABBREVIATED SUMMARY OF PERMIT FEES – RESIDENTIAL
TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

RESIDENTIAL BUILDING PERMITS

Minimum Fee (or minimum fee required to submit an application):	\$ 75.00
See miscellaneous fees for retroactive work, electrical only work, etc.	
New Home Construction (per \$1000 of estimated construction cost less land value):	\$ 12.00/\$1K
Additions:	0.40/sq.ft.
New finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
Interior Alterations:	0.30/sq.ft.
Existing finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
Garages:	
Attached:	0.40/sq.ft.
Detached:	0.40/sq.ft.
Storage Buildings (sheds):	
Up to 400 square feet:	\$75.00
Decks/Porches/Patios:	
Open or with roof cover only:	0.30/sq.ft.
Enclosed:	0.40/sq.ft.
Patios (impervious or associated with a pool):	0.20/sq.ft.
Plumbing installations (alterations not included):	
Kitchens:	20.00 each
Half bath (two fixtures):	20.00 each
Full bath (three fixtures):	20.00 each
Future rough-in:	10.00 each
Pools:	
Above ground (deck, platform or patio not included):	75.00 each
In ground (deck, platform or patio not included):	75.00 each
Conversions:	
Extended one-family use (alterations not included):	125.00 each
Accessory apartment use (alterations not included):	125.00 each
Heating Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, etc.):	
New installations (alterations not included):	50.00 each
Replacements (alterations not included):	50.00 each

MISCELLANEOUS FEES – RESIDENTIAL

Retroactive Work (in additional to above fees for each occurrence):	\$250.00 PLUS
Additional fee required to submit a Building Permit application or Building Permit for work commenced or completed prior to approval of such Building Permit or amendment.	10% of the Cost of construction amend
Electrical Work Only:	\$50.00 each
Temporary Construction/Office Trailer (requires Planning approval):	125.00/year
Sign - New Construction/Installation/Electric - (separate Zoning Permit is also required):	150.00 each
Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Building Inspector):	50.00 each
Municipal Files Searches (transcript of records only):	175.00 each
Additional fee for an on-site verification inspection:	125.00 each
Land Development Permit (Chapter 78):	100.00 each
(Fee applies only to applications that are not connected to site plan, subdivision, special use permit or building permit applications.)	
Top Soil and Excavation Permit (Chapter 128-5A):	100.00 each
(Fee applies only to applications that are covered under Chapter 128-5A.)	
Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	\$ 100.00
(Bond amount shall be equal to cost of seeding or paving.)	
Building and/or Structural Demolition:	
Minimum Fee (includes work covering up to and including 250 square feet):	\$ 50.00
Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square feet:	0.10/sq.ft.